

DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200

In accordance with the instructions provided within your letter, take this form to the eye clinic for the examination(s) you require and return it to DoDMERB.

Eye Examination Data

				17. DISTANT VISION		18. REFRACTION		MANIFEST		CYCLO		BY LENS		19. NEAR VISION			
				RIGHT 20/	CORR TO 20/	SPH	CYL		AXIS		20/	CORR TO 20/	BY				
				LEFT 20/	CORR TO 20/	SPH	CYL		AXIS		20/	CORR TO 20/	BY				
20. HETEROPHORIA/TROPIA <i>(Far only)</i>				21. COVER TEST		22. COLOR VISION						23. DEPTH PERCEPTION					
						TEST USED RESULTS						TEST USED		SCORE			
ESO ^Δ	EXO ^Δ	RH ^Δ	LH ^Δ	<div>PASS <i>(Non-Tropia)</i></div> <div>FAIL <i>(Tropia)</i></div>		PIP	No. Passed		No. Failed		VTA-ND/OVT/AFVT						
						FALANT	No. Passed		No. Failed		DPA-V						
						OTHER <i>(Specify)</i>						TITMUS/STEREO FLY <i>(Arcs per second)</i>					
24. NEAR POINT OF CONVERGENCE						25. VIVID RED/GREEN				26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)							
						<input type="checkbox"/>	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>	PASS	<input type="checkbox"/>	FAIL	IF FAILED: <input type="checkbox"/>	DIPLOPIA	<input type="checkbox"/>	SUPPRESSION

Applicant Name: _____

SSN: _____

Doctor Signature/Stamp: _____

Date: _____